

Self-Administered Services

Support Book

**State of Utah
Department of Human Services
Division of Services for People with Disabilities**

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I. INTRODUCTION

Self-Administered Services allow a person or their representative/guardian to administer services funded by the Division of Services for People with Disabilities ("Division"). The person and their representative/guardian hire, train, and supervise employees who will provide direct services from a selected array of services contained within the State of Utah Home and Community Based Services Waiver (Medicaid 1915C). The Division allocates a budget and issues a grant for the purpose of purchasing specific services through Self-Administered Services. Grant funds are only disbursed to pay for actual services rendered. All payments are made through a Fiscal Agent under contract with the Division. Payments are not issued to the person, but to and in the name of the Employee.

The SAS applies only to those persons with disabilities that the Support Coordinator has determined to qualify for the supports listed below. These supports are also available through Provider Agency Services, with the exception of Personal Assistance:

- Chore Services
- Companion Services
- Family Training and Preparation Services
- Family Training and Preparation Services - Professional
- Homemaker Services
- Latch Key Services
- Personal Assistance (available through Self-Administered Services only)
- Respite Care - Routine
- Respite Care - Professional Level
- Respite Care - Weekly
- Supported Living
- Transportation - Non-Medical (per mile unit)

In addition to those services allowed under Self-Administered Services, you may also receive the following services offered only through Provider Agency Services, as determined by the Support Coordinator:

- Background Checks
- Behavior Analysis Services - General
- Behavior Analysis Services I - Bachelor Level
- Behavior Analysis Services II - Masters Level
- Behavior Analysis Services III - Board Certified/Ph.D Level
- Counseling
- Day Supports - Site and Non-Site Based
- Day Supports - Site and Non-Site Based - Intensive
- Environmental Adaptations - Home, Personal, and Vehicle
- Extended Living Supports
- Living Start-up Costs
- Medication Monitoring
- Personal Budget Assistance

- Psychiatric Evaluations
- Self-Directed Supports
- Specialized Medical Equipment & Supplies - Monthly Fee
- Specialized Medical Equipment & Supplies - Purchase
- Supported Employment
- Transitional Living Support Services
- Transportation Attendant Services

Families may utilize a combination of both Self-Administered Services and Provider Agency Services within their allocated budget, as determined by the Support Coordinator.

II. IMPORTANT DOCUMENTATION

DOCUMENTS TO KEEP FOR YOUR RECORDS

The Division recommends that you maintain copies of the following documents for your records to assist in understanding your responsibilities in participating in Self-Administered Services:

1. Grant Agreement - Form 2-9GA (the original is maintained by the Division)*
2. Department Code of Conduct (Policy 05-03)*
3. Division Code of Conduct (Directive 1.20)*
4. Signed Signature Page for the Code of Conduct (the original is maintained by the Division)*
5. Administrative Rule R539-5, Self-Administered Services*
6. Administrative Rule R539-4-4, Behavior Interventions, Prohibited Procedures*
7. Fiscal Agent Contact Information
8. Fiscal Agent Payroll Calendar
9. Payroll Summary Sheets
10. Budget Worksheet
11. Individual Service Plan
12. Action Plan*
13. Support Strategies
14. Monthly Summaries
15. Behavior Support Plan (if needed)
16. Incident Reports, Form 1-8*

*available on the Division's website www.dspd.utah.gov

DOCUMENTS KEPT IN THE EMPLOYEE FILE

Each employee hired to provide service under Self-Administered Services must complete the required paperwork prior to working with the person receiving funds from the Division. The person or their representative is considered the employer of record. As such, the employer should maintain a file on each employee who is hired that contains the following documents:

1. Application for Employment*
2. Employment Agreement (Form 2-9EA)*
3. Employee Certification (Form 2-9C)*
4. Completed and signed W-4 Form
5. Completed and signed I-9, Employee Verification (including copies of supporting documentation)
6. Copy of current Driver's License
7. Proof of auto insurance
8. Criminal Background Check, including original application and results from Licensing
9. Timesheets
10. Signed DHS Code of Conduct*

*available on the Division's website www.dspd.utah.gov

CRIMINAL BACKGROUND CHECKS

In accordance with Utah Code Annotated 62A-5-103.5, all employees, with the exception of grandparents, aunts, uncles, and siblings, providing direct services to children and vulnerable adults receiving Self-Administered Services must have a Criminal Background (BCI) Check. Employees must be supervised with direct-line-of-vision by the employer until the background check is complete and approved.

Employees must fill out the required Background Screening Application form for a general background check. In addition, employees who have lived outside the State of Utah within five years of their hire date must also undergo fingerprinting for a national FBI database check. The person or their representative must submit the completed forms to the Department of Human Services, Office of Licensing, who will conduct these background checks and notify you of the results upon completion. State background checks may take up to 10 days to complete and national FBI background checks may take up to 4 months.

The Background Screening Application form is included in the forms index of this book. Additional information on background checks, including current forms and instruction on filling out the forms, can be obtained through the Department of Human Services, Office of Licensing website www.hslic.utah.gov.

EMPLOYEE TRAINING REQUIREMENTS

Employees must complete training requirements outlined in Form 2-9C, Application for Certification to Provide Limited Services, prior to working with the person. The completed form must be maintained in the employee file.

INCIDENT REPORTS

In accordance with R539-5-6, the person or representative must notify the Support Coordinator of any reportable incident that occurs *while the person is in the care of an Employee*, within 24 hours of the occurrence. Initial notification may be in the form of phone, email, or fax.

Within 5 business days of the occurrence of the incident, the person or representative must complete a Form 1-8, Incident Report, and submit it to the Support Coordinator.

The following situations are the types of incidents that require the filing of a report:

- Actual and suspected incidents of abuse, neglect, exploitation, or maltreatment per the DHS/DSPD Code of Conduct and Utah Code Annotated §62-A-3-301 through 321 for adults and Utah Code Annotated §62-4a-401 through 412 for children.
- Drug or alcohol abuse.
- Medication overdoses or errors reasonably requiring medical intervention.
- Missing person.
- Evidence of seizure in a person with no seizure diagnosis.
- Significant property destruction (Damage totaling \$500.00 or more is considered significant).
- Physical injury reasonably requiring medical attention.
- Law enforcement involvement.
- Use of mechanical restraints, timeout rooms, or highly noxious stimuli as defined in R539-4.
- Any other instances the Person or Representative determines should be reported.

After receiving an incident report, the Support Coordinator will review the report and determine if further review is warranted to ensure health and safety.

DOCUMENT CHECKLIST (WHO GETS WHAT?)

The table below lists the required documentation to participate in Self-Administered Services and who receives copies of those documents. Please note that multiple groups, such as the Fiscal Agent, the Division, and the Family, each require copies of these documents.

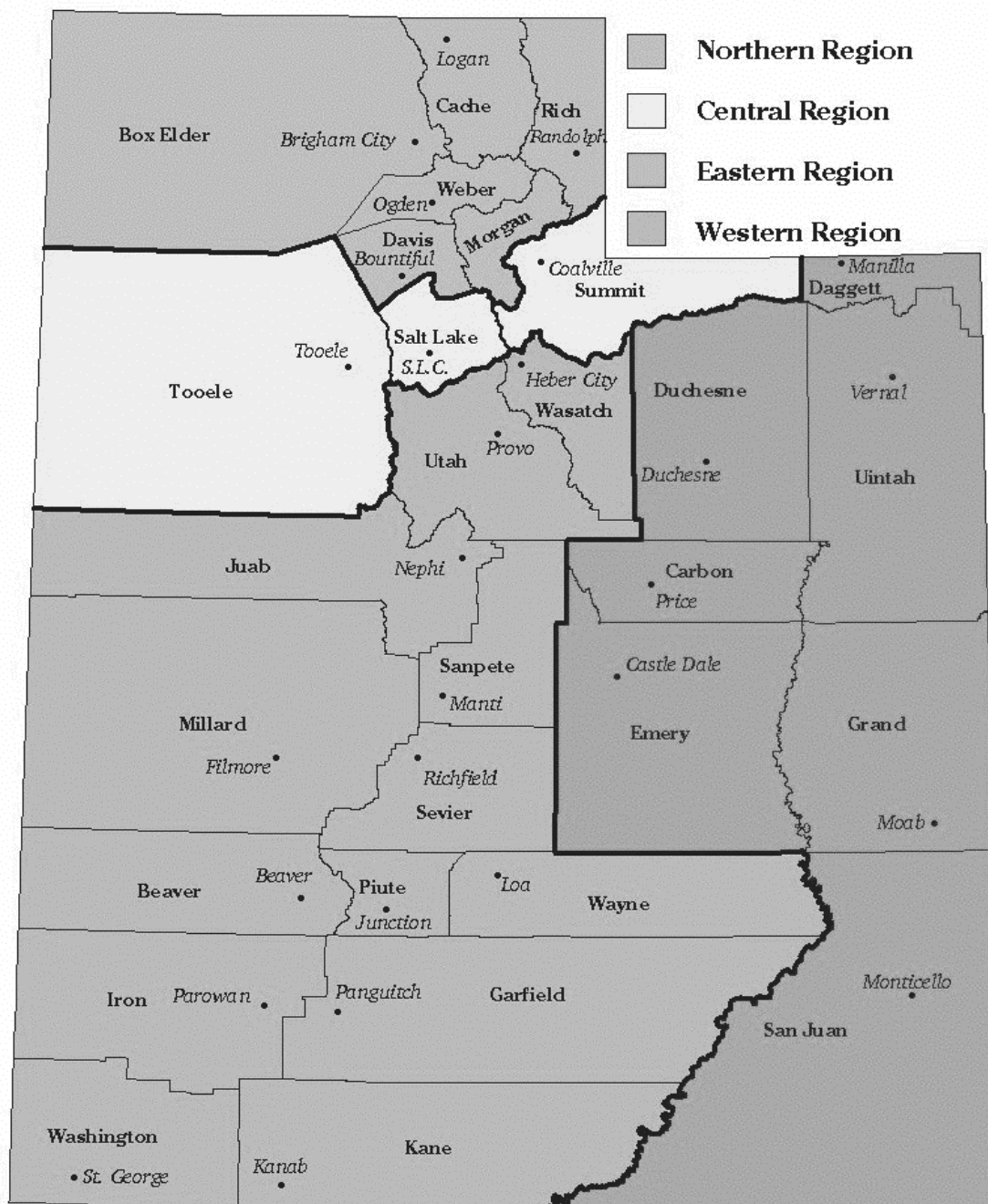
	Support Book or your file	Original to copy	Division	Fiscal Agent	Employee	Employee's file
BCI Check		X				X
Code of Conduct	X	X (Signature Page)				X (Signature Page)
Copy of Driver's License				X		X
Employment Agreement		X		X	X	X
Employee Certification		X	X	X		X
Grant Agreement	X		X			
Incident Report Form 1-8	X	X	X			
Form I-9 Employee Verification		X		X		X
Payroll Summary Sheet		X		X		
Proof of Auto Insurance						X
Employee Time Sheets		X		X		X
W-4 Form		X		X		X

III. GENERAL INFORMATION

STATE MAP

The Division is divided into four geographical areas; Central Region, Eastern Region, Northern Region, and Western Region. The area in which you live determines which Region is responsible for oversight of services to you and your family.

Division of Services for People with Disabilities



ROLE OF THE FISCAL AGENT

The fiscal agent is selected by the person or the person's representative/guardian to generate all payments to employees. The Division will provide the person or their representative/guardian with a list of available fiscal intermediaries from which to choose. It is the responsibility of the fiscal agent to process approved employee timesheets, withhold all state and federal taxes, and send paychecks to the employee.

The person or their representative/guardian must provide the fiscal agent with the following original documents for each employee before any checks can be issued to that employee:

1. Employment Agreement (Form 2-9EA)* (you may submit a copy)
2. Employee Certification (Form 2-9C)* (you may submit a copy)
3. Completed and signed original W-4 Form
4. Completed and signed original I-9, Employee Verification (including copies of supporting documentation)
5. Signed and approved timesheet. Timesheets must be submitted on time to ensure the timely payment of employees. In the event timesheets are turned in late, employees will not be paid until the following pay period. The fiscal agent does not generate checks outside of the designated pay schedule.

*available on the Division's website www.dspd.utah.gov

ROLE OF THE SUPPORT COORDINATOR

The Support Coordinator is a key person to help you as you begin to set up and manage your services. It is important to understand what you can expect a Support Coordinator to assist you with, and what you will need to do on your own.

The following is a general list of Support Coordinator responsibilities:

- **Contact person**-Your Support Coordinator is your link to the Division of Services for People with Disabilities.
- **Person-Centered Planning Meeting**-The Support Coordinator is responsible for assuring quality plans are developed that reflect the needed services and goals of the person. The Support Coordinator will conduct the annual Person-Centered Planning Meeting and develop the Action Plan based on the result of that meeting.
- **Community and other agency resources**- The Support Coordinator can assist with generating ideas and establishing contacts to increase the number of services available to the person. They can provide information and referral to community services and assist with accessing those services.
- **Allocate funding**- The Support Coordinator will access funds through the Division of Services for People with Disabilities that are determined appropriate through a person-centered budget process.
- **Advocate**-The Support Coordinator will advocate for the person's individual needs.

THE PERSON-CENTERED PLANNING MEETING

The Person-Centered Planning helps determine what services the person needs. It is a great way for everyone to get to know the person and learn what really makes him/her tick. It is an opportunity to learn what dreams and goals they would like to accomplish. Goals reflect the values and principles of what is important in the everyday life of the person. By determining what goals the person wants, satisfaction increases and the person is able to select their own goals, direct their own supports and exercise more control over their life situation. It also enables them to actively involve natural supports (supports not paid for i.e. family and neighbors) in their lives.

The Team, which includes the person, Support Coordinator, family members, friends, etc., must meet at least annually to assess the person's needs and progress. However, the Team can meet as often as needed to best serve the person.

During the Person-Centered Planning Meeting, the Individual Service Plan (ISP) and the Action Plan are developed under the direction of the Support Coordinator. The Individual Service Plan defines the general services the person will receive. It is reviewed and signed annually by the Support Coordinator. The Action Plan outlines the person's goals and primary services. The plan lists assignments/actions for each supporter of the person. Support Strategies are written based on the goals outlined in the person's Action Plan.

SUPPORT STRATEGIES

Support Strategies are the goals taken from the Action Plan. They state how the goals are worked on along with how they are monitored. ***The Support Strategies must be completed within 30 days after the completion of the Action Plan.*** Support Strategies are the actions that will be taken to work on a given goal. They need to include the following:

1. Purpose of the support
2. How the supports will be delivered
3. Who will deliver the supports
4. When the supports will be delivered
5. How progress will be recorded

To help write these Support Strategies, a few examples have been given in this section. The IEP may be a tool to help in formulating Support Strategies.

Support Strategies are a requirement for Medicaid compliance. They are usually completed annually. However, if the strategies are not working, they will need to be revised sooner, if needed.

Since there is never enough money to provide everything a person wants and needs, nor is it desirable to pay for everything, the first step in developing Support Strategies is to determine what supports can be provided by natural supports. A natural support is an unpaid resource, which is available to all members of a community, to both people with and without disabilities. The list of natural supports is almost endless, and could include family, friends, neighbors,

church members, club members, and other public or private resources. Using natural supports greatly increases the quality of life of the individual by building relationships in the community and allows much more to be accomplished from the Person/Family Centered Plan. Once all known natural supports are put in place, decisions can be made on how best to use paid supports. Paid services can often deal with the person's more intensive and difficult issues.

Sample Support Strategy:

Action Step	Who	When
<p>Write down the step that will be worked on as outlined in the Action Plan.</p> <p>List the activities that will be needed in order to accomplish this Action Step. Detail the activities as needed.</p> <p>Support Strategy #1 Johnny will participate in community outings.</p> <ol style="list-style-type: none"> 1. Employee will present options and plan monthly activities with Johnny 2. Employee will physically review with Johnny his appearance. Assist hand over hand with combing hair, washing face, brushing teeth and changing shirts. 3. While on an activity, the employee will discuss social skills and appropriate behavior with Johnny. Have Johnny appropriately role model. 4. When meeting new people, employee will assist Johnny to shake hands using hand over hand. <p>Employee will log how Johnny responded to the above activities.</p>	<p>This designates who is responsible for working on this activity.</p> <p>Who: Employees Becky Frank</p>	<p>This details how often the activity will be done and for how long.</p> <p>When: Tuesday & Friday 6:00-9:00 pm</p>

List how this strategy will be monitored/recorded and by whom.

Sample form

Support Strategy #1

Action Step	Who	When

List how this strategy will be monitored/recorded and by whom.

Support Strategy #2

Action Step	Who	When

List how this strategy will be monitored/recorded and by whom.

Use the following questions when developing a Support Strategy:

Purpose of the support (which Action Plan goal is being addressed):

How supports will be provided (list of activities, where supports/activities are to be given, how supports/activities will be given):

When supports will be provided (how often and for how long):

By whom will the supports be provided (staff assigned or other support persons):

How progress will be recorded (what types of records and how often) and by whom:

BEHAVIOR SUPPORT PLANS

Behavior Support Plans are a type of Support Strategy that addresses specific problem behaviors in an effort to achieve socially important behavior change. Depending on the needs of the person, a Behavior Support Plan may be needed. However, Behavior Support Plans are not required for everyone. The Division strives to promote positive behavior support, protect people's rights, and prevent abuse and neglect. Behavior supports shall be implemented in an environment that ensures the person's right to be treated with respect and dignity.

Families may write Behavior Support Plans or consult with a Behavior Analyst to implement behavior supports that effectively address the person's needs within the guidelines of Administrative Rule R539-4-4. The Division recommends that, during the development of a Behavior Support Plan, you coordinate with the child's school, as well.

For more information on Behavior Supports, please refer to the Division's website www.dspd.utah.gov.

MONTHLY SUMMARIES

When Support Strategies are developed, a monitoring and reporting system is set up. Each month a Monthly Summary is written to report on Support Strategies written in the plan. You must send this summary to your Support Coordinator who will document the findings in the person's files. **This is a funding requirement. (If not submitted, limitations may be placed on available supports).** Monthly Summaries are also a great way to keep everyone involved informed on how the plan is working.

Who is responsible for completing these reports?

For those participating in Self-Administered Services, the person or representative takes on the responsibility for monitoring and reporting on individual goals through Monthly Summaries each month. The person or representative can delegate this responsibility to their employees if desired.

For those who have chosen a Provider Agency to provide supports, the agency takes on this responsibility. Parents or guardians have the right to receive copies of Monthly Summaries.

Procedure for Monthly Summaries

Monthly Summaries should be turned into the Support Coordinator by the 15th of each month following the month services were rendered. If the person or representative does not provide this information for a three-month period, the 4th month payment will be held until the Monthly Summaries are submitted. If the person/person's representative submits all required Monthly Summaries within the 4th month, payment will be reinstated. If Monthly Summaries are not provided for the 5th month, then the 6th month the Division will require the person/person's representative to use a contracted Provider Agency.

Summaries can be faxed, mailed, hand delivered or by any method decided upon with the Support Coordinator. The person/person's representative is required to complete a Monthly Summary of supports for each month services were rendered. The Person-Centered Planning Team will decide on the type of Monthly Summary that is used.

Monthly Summaries should report on the Support Strategies as developed in the Action Plan. The summaries should report on the status of each action step and Support Strategy and how these services have been used. This information should come from your communication log and could include some of the following:

Why did you give this support?

Was the support provided as planned?

Where and how was the support provided?

What, specifically, was done with the person?

What happened with the person? What changed for the person?

How successful was the support in achieving or maintaining the outcome?

Was the person satisfied with the supports?

What, if anything, will you do differently next month?

Indicate if there is any change of health or medications, and any alterations to your Action Plan.

Indicate if you are using natural supports in the community.

GENERAL MEDICAL INFORMATION

The purpose of this section is to provide a place for a summary of the person's medical information. This information is also important to have in case of an emergency, or when going to the doctor or to a new specialist. Compiling all medical information in this book will give a complete medical history of the person.

If you have numerous visits to the doctor or see several specialists, the following form may be helpful.

*Sample form***Doctor Visit Form**

Name: _____

Date: _____

Medication change: Yes ☐ No ☐

Comments:

Instructions:

Individual Fact Sheet

Name: _____ Phone Number: _____

Address: _____

Parents/Guardian Name: _____

Address: _____

Name of Insurance/HMO:

Insurance/Medicaid #: _____ SSN: _____

Identification:

Birth Date: _____ Sex: M F Height: _____ Weight: _____

Contacts in case of emergency:

_____	_____	_____
Name	Address	Phone #
_____	_____	_____
Name	Address	Phone #
_____	_____	_____
Name	Address	Phone #
_____	_____	_____
Name	Address	Phone #
_____	_____	_____
Primary Care Provider	Address	Phone #
_____	_____	_____
Dentist	Address	Phone #

AUTHORIZATION TO CONSENT TO TREATMENT

I, the Parent/Guardian of _____

Authorize: _____

as my/our agent to consent to any emergency medical, dental or surgical treatment and hospital care which is deemed advisable and is to be performed by or under the supervision of any licensed physician, surgeon, or dentist. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required. It is further understood that the person(s) authorized will make every effort to contact the parent/guardian in the event of this emergency.

Parent/Guardian

Date

MEDICAL INFORMATION

Allergies: _____

Plants: _____

Food: _____

Medications: _____

Unusual response/reactions: _____

Charting:

Provide additional charts as needed for the individual, such as to record seizure activity or behavioral problems. Make a page for medical routines.

Doctor Visits/Specialists:

Keep a record of when you go to the doctor and what was said. List any medication changes. This can be done on notebook paper.

Labs/Blood work:

Request a copy of the lab result and place in this book.

Medical History:

Previous medications:

What worked, what didn't and why.

1. _____

2. _____

3. _____

Testing:

What, when, and results. (EEG, CAT Scan, MRI)

1. _____

2. _____

3. _____

A Complete Medical History:

For the really ambitious, a complete medical history may be written up. The following outline may help to guide you through the process. This information is often needed every time a new doctor or specialist is seen. If it is written up, it can be just handed to the doctor! Add additional pages as needed.

Medical Procedures:

Medication Changes or Drug Holidays (when all drugs are discontinued):

Dental Information:

History:

Other areas to consider:

Birth History - labor, problems during pregnancy

Family Medical History - heart problems, diabetes, seizures or cancer

Developmental Milestones - rolling, crawling, etc.

Information on Diagnosis

Provide information that can be quickly accessed for doctor's visits. Having an extra copy of medication lists in your binder to give to the doctor is helpful.

THE STATE MEDICAID PROGRAM

The regular Utah Medicaid program pays medical bills for people who have low incomes or cannot afford the cost of health care and who are found eligible for the Medicaid program. This program looks at the family as a whole when reviewing assets and income. If a person is living on their own, only the individual's assets and income will be considered. Medicaid is administered by the Utah Department of Health, Division of Health Care Financing. Benefits are paid using federal and state Medicaid funds.

The Home & Community Based Waiver

Medicaid can also help to fund additional supports besides medical bills. The Home and Community Based Waivers are set up to "waive" or ignore some of the requirements of regular Medicaid. These waivers only consider the individual's income and assets instead of the income and assets of the family as a whole. This allows children to receive Medicaid support without looking at the parent's income and assets. By using a waiver, the Division is able to fund more supports to the eligible individual.

The Home and Community Based Waivers were developed to help keep children and adults at home and in their community rather than placing them into an institution. This means that Medicaid will help fund the individual's needs through the Division using state money as well as federal money.

How does this work?

The Division receives money from the state to fund its programs. When an individual is eligible for a Home and Community Based Waiver (Medicaid), the state Medicaid dollars can be matched by federal Medicaid dollars to fund individual programs. This allows the state to fund more people using less state money. Using federal Medicaid funds in addition to state Medicaid funds allows about four people to receive services with the same amount of money that would be used to fund only one person with state funds alone. It is important to access federal money through Medicaid so that others can receive the same assistance that you do.

Responsibilities When Using Medicaid

Medicaid requires an application to be completed and some additional verification documents on income. Medicaid requires an update on information to be provided at least yearly. If the individual is an adult, then the person or the person's representative is responsible for completing the reviews. Your Support Coordinator is available to assist with completing reviews and answering any Medicaid questions. There will also be a caseworker assigned, through the Utah Department of Health, Division of Health Care Financing, to help with Medicaid questions.

Instructions for a Medicaid Annual Review

Reviews need to be completed as soon as you receive them in the mail. Listed below are some hints to help complete the form.

1. Complete the review as if the individual lives on their own. Only the individual's income and assets will be considered. Answer the questions as if the individual is answering them. Most answers will be "no". The parent will sign the review for the individual if he/she is a child. If the individual is an adult, the individual must sign; however if someone has guardianship over the adult, the guardian will need to sign.
2. The Medicaid computer will automatically send out a closure notice if the Medicaid worker has not received and completed your review by the 20th of the month in which it was due. The case will automatically close. If you get such a notice, don't panic; call your Medicaid worker or your support coordinator for help.
3. If the review is not completed within the month, your case will close. This means that the Medicaid match is no longer available for your support services and your services will be re-evaluated. The easiest way to avoid such a disappointment is to complete your annual review within just a few days of receiving it.

Medicaid Case Workers: _____

Copy of Completed Medicaid Review

It is recommended that you make a copy of the completed review form and keep it in your notebook for the next time you receive a review. This will be a great reference in the future.

Record Keeping

You will receive a new Medicaid card each month. Expired Medicaid cards need to be kept on file for at least five years. Keep only the current year in this binder unless you are working on upper arm strength.

Your Medicaid Card can help purchase these and other items:

Diapers	Wipes	Chux-blue under pads
Gloves	Prescriptions	Wheelchairs

You will need a prescription from your doctor for Medicaid to purchase these items. You are not limited to the items above so explore what your needs are and call Medicaid to see what they will help purchase for the individual.

Please read the booklet called: "Exploring Medicaid: Your Guide to Medicaid Benefits"

ASSESSMENTS

This section is for filing all other assessments concerning the individual. Keep the most current assessments here. If all of them were kept in this binder you probably wouldn't be able to lift it!

Psychological

Behavioral Assessments

ICAP

Other Assessments

GUARDIANSHIP

When your child becomes 18 years of age, he or she becomes a legally competent adult in the eyes of the law, with all the rights and responsibilities of adulthood. Regardless of a person's level of disabling condition or functional abilities, that person is considered to be a legally competent adult until proven otherwise by a court of law. If your child's decision-making capacity is severely affected, based on a chronic or acute condition, it may be necessary to have a guardian for that individual.

How do you do it?

To establish a guardian, it is necessary to file a Request for Appointment of Guardian of an Incapacitated Person in the District Probate Court in the county where the person resides. (You may wish to retain an attorney to help you through the process.) The court then sets a date for the hearing to determine if the Petition has merit. At the hearing, the individual with a disability has the right to legal representation, to be present at the hearing, to conduct cross-examination, and to receive notice.

Are there different types of guardianship?

Medical, habilitative (training), residential, and financial are all types of limited guardianships. Most often these are awarded according to the needs and rights of the individual.

What does it cost?

Each guardianship situation is different and will have different costs. However, some of the fees can be waived since the person has a disability.

What Guardianship is not?

Legal guardianship does not mean that you must keep your family member in your home. It does not mean that you take on the obligation to support that person financially or become their "forever" caretaker. If the person for whom you seek guardianship has a high level of functioning, you will not even be granted guardianship over all aspects of his/her life. The rights and privileges of an incapacitated person are not taken away with guardianship. A guardian is granted authority only to protect the rights, interests and well being of the person. If that is what you need to be able to do for your family member, then you need to apply for guardianship.

Where can you get help?

Attorneys – but look for those who specialize in guardianships for people with disabilities
Disability Law Center - represents people with disabilities in guardianship proceedings
Guardianship and Advocacy Providers (801) 785-1629
Guardianship Associates of Utah, Inc. (801) 533-0203
Office of Public Guardian, Department of Human Services (801) 538-8255
Other family members who have received guardianship

TRANSITIONING

There are several stages in transition planning and it just so happens that they are centered around state the educational system. The different ages and different expectations for people with disabilities are listed below:

- Age 3 years old: Transition planning for children leaving early intervention programs, means getting ready to start pre-school in the neighborhood school. Welcome to the world of IEPs - Individual Education Plan.
- Age 5 years old: As the child moves into kindergarten and on up through elementary school, parents need to consider their child's capacity for inclusion and how they want their child to be educated.
- Age 12 years old: When planning for the transition into Junior High or Middle School program, school programs generally start to focus more on the life skills in addition to academics.
- Age 14 years old: Transitioning into high school is an exciting time for most students. This is also the time to start thinking about future employment and sampling the working world. Parents will be contacted by a Transition Counselor through the school district who will assist with planning for the child. Make sure the child is on the Division of Services for People with Disabilities waiting list for day supports, if they are eligible, before they graduate.
- Age 22 years old: The individual now leaves the education system and starts in the world of work. This is when the Division of Services for People with Disabilities can assist the individual with day supports if that is what is needed and funding is available.

IV. SERVICE DESCRIPTIONS

If you are receiving services due to mental retardation or related conditions, go to http://www.hsdspd.utah.gov/selfadmin_mentalservices.htm for a list of services.

V. DEFINITION OF TERMS

All: "All" means "everybody", not just people without disabilities.

Authorized Representative: The parent of a person with disabilities if the person is a minor, or a court appointed Guardian.

CHEC (Child Health Evaluation and Care Services): A preventative care program for children up to 21 years of age that tries to identify and treat health problems before they become disabling.

CHIP (Children's Health Insurance Program): An insurance program for children 19 years of age and younger, whose family does not qualify for Medicaid but cannot afford health insurance.

Contractors: Professionals who make an agreement to provide a professional service such as physical therapy, occupational therapy, speech therapy, behavioral programs etc.

Division of Services for People with Disabilities (DSPD): State agency within the **Department of Human Services**, responsible for administration

of state and federal funding for people with disabilities.

Disability: Mental retardation, developmental disability, or brain injury that qualifies a person to receive Division of Services for People with Disabilities funding.

Eligibility: Determination of whether or not a person qualifies for services.

FACT: Families, Agencies, Communities Together. A committee of different agencies that looks at issues surrounding the family.

Family Centered Plan: A plan to support families who have a child with a disability to live as much like other families as possible.

Family Support: Assistance provided to families so they can care for family members with disabilities at home. The support includes but is not limited to, respite care, cash assistance, transportation, equipment, and therapeutic services.

Fiscal Agent: A company that is hired to handle payroll duties for Self-Administered Services.

Guardian: The person who is legally responsible for the care of another person (and/or his or her property).

Guardianship: The legal process a parent /family member or other goes through to become legally responsible for a person with disabilities when they are 18 years of age or older.

HMO (Health Maintenance Organization): An organization that provides health care services.

Home and Community Based Waiver: An approval to "waive" certain requirements in order to use Medicaid funds for an array of home and community based medical assistance services as an alternative to institutional care.

IEP: Individual Education Plan that directs the services for a child with a disability in a school district.

Inclusion: Is the process of enabling persons with disabilities to be educated, live, work and participate socially in the same environment as others who are not labeled "disabled". **Inclusion** is also used by educators to refer to the integration of children with disabilities into regular classes for part or all of the school day.

Independent Living: A community living situation in which a person with disabilities lives by him or herself with the necessary supports from others.

Informed Consent: A decision based on knowledge of advantages and disadvantages and implications of choosing a particular course of action.

Local Interagency Council: Local agencies that work together to improve service delivery to children and youth at risk, who are experiencing multiple problems and who receive services from more than one state agency.

Medicaid: A program that pays bills for health care for people who are found eligible for the program. Benefits are paid with federal and state dollars.

Monthly Summaries: A report of the daily notes required at the end of each month given to the Support Coordinator. This is a Medicaid requirement.

Natural Supports: The family and people in the community who support the person with a disability. (without payment)

PASS Plan: Plan to Achieve Self-Sufficiency. Allows a person receiving Social Security benefits to set aside money received to help achieve self-sufficiency without losing benefits.

Provider Agency (Company): Companies that contract with **DSPD** to deliver supports to people with disabilities.

Rates: The amount that **DSPD** pays for services/supports for an individual to a provider or company.

Respite: Temporary relief from the day-to-day care of a family member with a disability.
Hourly: up to 6 hours
Daily: 6 hours to 24 hours

Self-Administered Services: An alternative to Provider Agency Services, which creates choice for persons in service delivery. It allows a Person's supports to be administered by the Person/ Person's Representative. It allows the Person / Person's Representative to hire, train, and supervise Employees to provide direct supports.

Self-Determination: Exercise and development of a person's ability to make their own choices including: freedom to choose own services and supports, authority to control own money, ability to nurture natural supports, responsibility to contribute to the community.

Sib Shop: Workshops for brothers and sisters of a person who has a disability.

SSI: Supplemental Security Income. Federal financial program sponsored by Social Security.

Support Coordinator: The **DSPD** employee assigned to the person receiving Division funding to assist in developing needed services and supports.

Support Strategies: The plan that states how the action steps will be achieved and what supports are needed.

Supported Employment: Paid employment for adults with disabilities who need the support of a job coach or other direct assistance.

Transition: Movement from early intervention, to preschool, to elementary school, to middle school, to high school, and to post-school.

Vocational Rehabilitation: Preparing a person with a disability for useful and purposeful employment through on-the-job training and use of rehabilitative or adaptive equipment.

VI. SAMPLE FORMS

- A. Documents to Keep for Your Records
 - A-1 Grant Agreement (Form 2-9GA)
 - A-2 Dept. Code of Conduct (Policy 05-03)
 - A-3 Certificate of Understanding
 - A-4 Division Code of Conduct (Directive 1.20)

- B. Documents Kept in the Employee File
 - B-1 Application for Employment
 - B-2 Employment Agreement (Form 2-9EA)
 - B-3 Employee Certification (Form 2-9C)
 - B-4 W-4 Form
 - B-5 I-9 Form
 - B-6 Background Screening Application (general in-state screening)